

Health Services

ANG MEDICAL SERVICE FUNCTION AND EMERGENCY RESPONSE CAPABILITY

This instruction addresses the requirements and procedures to be followed by Air National Guard (ANG) Medical Service in providing medical support. It further defines requirements to ensure accomplishment of the mission. AFI 41-101, AFI 41-106, AFI 41-115, AFI 41-120, AFI 44-102, AFI 44-135, AFI 46-102, and AFMAN 48-123 complement ANGI 41-104 in establishing guidance for the ANG medical service.

SUMMARY OF CHANGES

This is the initial publication of ANGI 41-104, and supersedes NGR (AF) 160-03, *ANG Medical Unit Mission, Treatment Function and Emergency Response Capability*, 7 Dec 90.

Section A - References, Abbreviations and Acromyms

1. References, Abbreviations, and Acronyms. See attachment 1.

Section B - Responsibilities

2. Office of the Air Surgeon, National Guard Bureau (NGB/SG):

2.1. Establish and review policy and directives.

3. Directorate of Medical Services, Air National Guard Readiness Center (ANG/SG):

3.1. Provide professional and technical guidance on medical support.

4. State:

4.1. State Air Surgeon (SAS):

4.1.1. Ensure their units are in compliance with current Department of Defense (DoD), USAF, applicable gaining MAJCOM, and ANG policies and directives.

4.1.2. Assist commanders in resolving problems encountered in providing medical support.

5. Base Level:

5.1. Medical Commander or Designated Medical Representative:

5.1.1. Ensure quality training and appropriateness of patient care.

5.1.2. Monitor standards of emergency patient care to include base and community ambulance support.

5.1.3. Ensure quality of care issues are properly identified, evaluated, acted upon, and tracked by the Executive Management Committee (EMC).

5.1.4. Ensure the Medical Currency Information File (MCIF) is reviewed at least monthly by all personnel assigned an emergency response function.

5.1.5. Ensure all medical personnel providing direct patient care are appropriately trained.

Section C - Scope of Care

6. ANG Medical Services:

6.1. Evaluate patient's emergency health needs, stabilize those with life-threatening conditions (e.g., life, limb, eyesight), and direct for authorized medical care.

6.2. Military sick call is not an authorized function, except at those locations authorized by ANG/SG to provide medical treatment. Patients seeking non-emergency health care or who have a non-Line-of-Duty (LOD) medical condition will be advised to seek medical care from their private health care provider.

6.3. During Unit Training Assemblies (UTAs), medical personnel are authorized to determine fitness for duty.

Section D - Emergency Care and Patient Management:

7. Emergency Care:

7.1. Conform to the standards of Department of Defense Directive (DoDD) 6000.10, *Emergency Medical Services* (EMS).

7.2. Emergency care will be performed only by qualified personnel, to the extent allowed by their license or certifying board, consistent with state law; and only until transfer to an appropriately staffed and equipped EMS.

7.3. Medical personnel are limited to performing emergency patient care and treatment authorized by their specialty training standard (STS), license, and/or certification.

7.3.1. To perform emergency care beyond that authorized by Duty Air Force Specialty Code (DAFSC), requires a scope of practice waiver approved by the State Air Surgeon (SAS).

7.3.2. A copy of all waivers must be provided to ANG/SGN.

7.4. Health Systems Technician/Specialist shall respond and provide initial emergency care, when available.

7.5. Emergency care must be directed by a credentialed military physician, or licensed civilian physician (in accordance with (IAW) a local Memorandum of Agreement), in person or via telephone/radio. Contact must be maintained with the physician and the accepting emergency medical service until transfer is accomplished.

7.6. Emergency care provided must be documented in SOAP (attachment 2) or comparable format on Standard Form (SF) 558, Emergency Care and Treatment, or SF 600, Chronological Record of Medical Care, and maintained as a medicolegal document in the outpatient health record.

7.7. A copy of this emergency care record will be provided to the accepting physician or EMS.

7.8. Disposition will be documented on SF 558 or SF 600 and included in the member's outpatient health record with a signed statement of disengagement. (attachment 3).

7.8.1. Line of Duty determinations will be IAW ANGR 35-67, *Line of Duty and Misconduct Determination*.

7.9. ANG medical personnel, acting within their scope of practice, certification, or licensure, have liability coverage under provision of 10 USC 1089 and the Federal Tort Claims Act.

8. Immunizations:

8.1. A physician currently trained in advanced cardiac life support (ACLS) must be immediately available on base when immunizations are administered. On-base radio or telephone contact must be maintained with the physician at all times (if the physician is not present in the medical facility during immunizations).

8.2. The physician, individual administering, and the member receiving the immunization, must be in a military duty status.

Section E - Training

9. Advance Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Basic Life Support (BLS), and Emergency Medical Technician (EMT) Training Requirements:

9.1. Squadron resources will be utilized to meet requirements for physicians, nurses, and technicians to receive ATLS, ACLS, EMT, and BLS training, either through civilian institutions or military facilities.

9.2. All medical units will conduct mock cardiopulmonary resuscitation (CPR) codes semi-annually, and a mass casualty exercise annually to verify proficiency in ACLS, BLS/CPR. All medical service personnel involved with any aspect of patient care will participate. The CPR monitor or designated representative will be responsible for training and documentation of mock codes.

9.3. ACLS:

9.3.1. All flight surgeons must be ACLS trained and current. At a minimum, two physicians must maintain currency in ACLS.

9.3.2. Nurses who are UTC tasked in Functional Account Codes (FAC) 5206 or 5220, or assigned to the Emergency/First Aid Rooms (FAR) or Immunizations, are required to maintain currency in ACLS. All others are encouraged to obtain this training.

9.3.3. Medical technicians who are UTC tasked in Functional Account Codes (FAC) 5206 or 5220, or assigned to the Emergency/First Aid Rooms (FAR) or Immunizations, are encouraged to maintain currency in ACLS. All others are encouraged to obtain this training.

9.4. ATLS:

9.4.1. All ANG physicians will be required to attain currency in ATLS by 31 Dec 2001.

9.5. BLS:

9.5.1. All Medical Service personnel will be trained in BLS.

9.5.2. Initial registration or re-registration will be in conjunction with either the American Heart Association (AHA) or the American Red Cross (ARC) standards. Registration in the AHA BLS course C or the ARC CPR/BLS course is the minimum for those involved in direct patient care.

9.6. EMT:

9.6.1. AFSC 4NOX1/4FOX1 personnel who occupy positions in FAC 5220 (Emergency Services), and/or those individuals routinely assigned to perform duties in Immunizations, Ambulance Services, or in the First Aid Room (FAR), must maintain certification at the basic level by the National Registry of Emergency Medical Technicians (NREMTs).

9.6.2. AFSC 4NOX1/4FOX1 personnel assigned to Squadron Medical Elements (SMEs); Strategic Aerial Reconstitution Teams (SARTs); Forward Located Alert Generations (FLAGs) teams, and Geographically Separated Units (GSUs) must maintain certification by the NREMT.

9.6.3. Health Systems Technicians/Specialists must maintain certification by the NREMT.

10. Pharmacy Services:

10.1. Over-The-Counter (OTC) medications/supplies are not authorized.

10.2. Formulary requirements for emergency medications, GSU support, flight surgeon's deployment kit, and diagnostic pharmaceuticals necessary for performing flying class I physical examinations (e.g., topical ophthalmic anesthetic and cycloplegic agents) must be developed to fulfill MDS needs. These items may be included on the local formulary and may be stocked in the unit pharmacy for their intended specialized uses.

10.3. Medications and supplies for unit deployment will be secured and not dispensed by the pharmacy.

10.4. The Pharmacy and Therapeutics (P&T) committee will establish a formulary and maintain meeting minutes. The P & T committee will meet on a quarterly basis (minimum).

10.5. Geographically Separated Units (GSUs) with medical supplies must ensure compliance with the host ANG medical unit pharmacy guidance and this publication.

11. Physical Fitness Testing:

11.1 On-site monitors for physical fitness testing must be Basic Life Support (BLS) trained. There is no requirement for the monitors to be medical personnel.

11.2. Contact between the test site monitor and the MDS or Emergency Medical Service (EMS) must be maintained at all times.

Section F - Transportation

12. Ambulance Services:

12.1. ANG ambulances may be used for emergency transport only when an emergency response team ERT is aboard.

12.2. The ERT must consist of at least two NREMTs.

12.3. For bases without local access to "911" or equivalent emergency response, the MDS will provide emergency medical response and emergency transportation, when available.

12.4. MDS with access to "911" who have determined that local emergency response is inadequate, may obtain a waiver from ANG/SG, to provide emergency response/transport to medical treatment facilities. Waiver requests should, as appropriate, be routed through the Wing Commander, and State Air Surgeon.

12.5. Local community and state requirements must be met if the ambulance and medical response team transport to civilian medical treatment facilities.

Section G - Logistics**12. Emergency Equipment:**

12.1. MDS are required to maintain a cardiac monitor/defibrillator and a portable emergency drug kit in the medical facility, and only qualified members may employ these items in the event of an emergency.

12.2. Medication and supplies beyond that identified by AFI 44-102, *Patient Care and Management of Clinical Services*, may be maintained only with the written authorization of the MDS commander.

12.3. Medical equipment required but not allowed in the medical allowance standard (AS) (formerly called Table of Allowance (TA)), must be approved by the ANG Medical Command Equipment Management Office (Medical CEMO), ANG/SGML.

12.4. MDS not collocated on Air Force bases will be authorized one ambulance.

12.5. ANG MDS collocated on an Air Force base will not routinely be authorized an ambulance.

12.6. If ambulance support cannot be established as part of the host-tenant agreement, the unit should submit a request for an ambulance to ANG/SGML through the local vehicle control board.

DONALD W. SHEPPERD
Major General, USAF
Director, Air National Guard

OFFICIAL

DEBORAH GILMORE
Chief,
Administrative Services

3 Attachments
1. References, Abbreviations, and Acronyms
2. SOAP Format
3. Disengagement Statement

Attachment 1**REFERENCES, ABBREVIATIONS, AND ACRONYMS****References:**

AFI 41-101	<i>Obtaining Medical and Dental Care from Civilian Sources</i> (formerly AFR 168-10)
AFI 41-106	<i>Medical Readiness Planning and Training</i>
AFI 41-115	<i>Authorized Health Care and Health Care Benefits in the Military Health Services Systems</i> (MHSS)
AFI 41-120	<i>Medical Resource Management Operations</i>
AFI 44-102	<i>Patient Care and Management of Clinical Services</i>
AFI 44-135	<i>Clinical Dietetics</i>
AFI 46-102	<i>Nursing Care</i>
AFMAN 48-123	<i>Medical Examination and Standards</i>
DoDD 6000.10	<i>Emergency Medical Services</i> (EMS)
NGR (AF) 160-03	<i>ANG Medical Unit Mission, Treatment Function and Emergency Response Capability</i>
NGR (AF) 35-67	<i>Line of Duty and Misconduct Determination</i>
SF 558	<i>Standard Form, Emergency Care and Treatment</i>
SF 600	<i>Standard Form, Chronological Record of Medical Care</i>

Abbreviations and Acronyms:

ACLS	Advanced Cardiac Life Support
AHA	American Heart Association
ANG	Air National Guard
ANG/SG	Directorate of Medical Services, Air National Guard
AS	Allowance Standard
ATLS	Advanced Trauma Life Support
ARC	American Red Cross
BLS	Basic Life Support
CEMO	Command Equipment Management Office
CPR	Cardiopulmonary Resuscitation
DAFSC	Duty Air Force Specialty Code
DoDD	Department of Defense Directive
EMC	Executive Management Committee
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ERT	Emergency Response Team
FAC	Functional Account Codes
FAR	First Aid Room
FLAG	Forward Located Alert Generation
GSU	Geographically Separated Unit
IAW	In Accordance With
LOD	Line of Duty
MDS	Medical Squadrons
MAJCOM	Major Command
MCIF	Medical Currency Information File (MCIF)
NGB/SG	Office of the Air Surgeon, National Guard Bureau
NREMT	National Registry of Emergency Medical Technicians
OTC	Over the Counter
P&T	Pharmacy and Therapeutics

PMH	Past Medical History
SART	Strategic Aerial Reconstitution Team
SAS	State Air Surgeon
SF	Standard Form
SME	Squadron Medical Element
S.O.A.P.	Subjective, Objective, Assessment, Plan
STS	Specialty Training Standard
USC	United States Code
UTA	Unit Training Assembly
UTS	Unit Training Code
TA	Table of Allowance

Attachment 2

SOAP FORMAT

The initials S.O.A.P. are utilized in medical records/progress notes to refer to the following.

1. S = Subjective: This section includes the history of present illness/injury and any pertinent past medical history (PMH).
2. O = Objective: This section includes the physical examination and any related laboratory/X-ray data available at the time the note is written. The laboratory and X-ray data should be listed following the physical examination. Vital Signs, if not listed in the margin of the SF 600, are recorded here.
3. A = Assessment: This section includes a word or phrase summarizing the practitioner's judgment regarding the patient's problem.
4. P = Plan: This section includes an outline of the practitioner's plan to define and manage the patient's problems (i.e., lab, X-ray, consultations, drug therapy, counseling, and other instructions to the patient including follow-up).

Attachment 3**STATEMENT OF DISENGAGEMENT FROM ANG MEDICAL CARE****(Sample Format)**

(Name, Rank, SSN) has been provided medical care at this Air National Guard facility. Medical care at this facility must be "limited to only that necessary for the prevention of pain or undue suffering until the member can reasonably return to the control of a civilian physician, dentist, or a civilian medical facility". This Air National Guard medical unit is a training facility, which is neither equipped nor staffed to provide ongoing medical care or follow-up. (Patient's name) and copies of relevant records are being transferred to your medical facility for continued care. The Air National Guard and its medical personnel are, at this transfer, disengaging from all further medical care responsibilities in this care.

_____M.D./D.O.

An ANG Form 348, LOD and Misconduct Determination, must be initiated promptly for any member injured or who becomes acutely ill during any official Air National Guard activity.